

Medical Claim Form for OP (Certificate-A)

(To be completed in the case of Patients who are not admitted in hospital for treatment)
Please fill in all the fields. The incomplete form shall not be entertained

Employee Particulars:

Name of the employee	Designation	Emp. ID

I certified that the treatment was taken for the following:

Name of the patient					
Age		Relationship with the employee		Date of Referral	
Name of the treating doctor			Name of the disease/treatment		
Duration of treatment	From date:		To date:		

Treatment and Claim Particulars

A. Details of Consultation and Injection(s) fee:

(Attach separate sheet, if necessary):

S.No	Date	Fee paid for Consultation	Fee paid for intravenous/ Intra-muscular/ Subcutaneous injections
1			
2			
3			
4			

B. Details of medicines:

(Attach separate sheet, if necessary):

S.No	Name of the medicine	Quantity	Price	Date	Invoice/Bill No.
1					
2					
3					
4					
5					
6					

Contd..2

C. Details of x-ray, laboratory tests, investigations, etc.:

(Attach separate sheet, if necessary):

S.No	Name of the test	Amount Paid	Date	Invoice/Bill No.
1				
2				
3				
4				
5				

D. Travel Expenditure:

(Attach separate sheet, if necessary)

I hereby declare that I have used Own vehicle/Hired vehicle/Public transport (Please “.”) for travel, details are given below:

S.No.	Date	Invoice No./Own vehicle Reg. No.	From	To	Amount
1					
2					

Total Claim Amount (A+B+C+D):_____.

Documents to be enclosed:

- (1) Referral/Approval copy of the Institute Medical Officer/Dean Admin/Director.
- (2) Self-attested photocopy of the Prescriptions.
- (3) Original Bills and Receipts.
- (4) Original Emergency Certificate (In case of emergency).

I Certified that:

1. The consultation was done at the consulting room of the Registered Hospital/AMA/residence of the patient.
2. The Injection(s) was administered at the consulting room of the Registered Hospital AMA/residence of the patient.
3. The injections administered were not / were for immunizing of prophylactic purposes.
4. The medicines prescribed by Doctor in this connection were essential for the recovery/prevention of serious deterioration of the condition of the patient.
5. The medicines are neither stocked with the AMA for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor are preparations which are primarily foods, toilets, or disinfectants.
6. The X-Ray, Laboratory tests, investigations, etc., were necessary and were undertaken on Doctor's advice.
7. Dr. _____(Name of the referral doctor) referred the patient to _____(Name of the Department) for specialist consultation and that the necessary approval as required under the rules was obtained.

Date:

Signature of Employee